



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Utility Contractors

237 Coliseum Drive, Macon, GA 31217

404-424-9966

www.sos.ga.gov

UTILITY MANAGER REINSTATEMENT APPLICATION FOR LICENSE LAPSED *LESS THAN* THREE (3) YEARS

●●● INSTRUCTIONS AND GENERAL INFORMATION ●●●

Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.

SECTION 1: PERSONAL INFORMATION

Complete all information including your preferred email address for communication with Board staff.

The reinstatement application and fee must be received in the Board office within 3 years of the license expiration date. You may verify the expiration date online here: [Verification](#)

If your license has been lapsed for 3 or more years, this is not the correct application. You need to apply with the Reinstatement by Re-examination application. Passing an exam is required in this situation.

SECTION 2: PERSONAL HISTORY

Answer all questions.

Submit proof of completion within the past 2 years of 12 hours of Safety Training Courses from a Board-approved provider. (Board Rule 121-2-.08) A list of approved Safety Training Courses is available on the Board's website.

You must submit a background check with your application. This can be obtained from your local law enforcement office. If you answer "yes" on the conviction question, you must submit the requested certified documentation.

SECTION 3: APPLICANT AFFIDAVIT

Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C. G.A. §50-36-1.

*If you are a qualified alien, please submit a copy of your qualified alien documentation to the Board office as your Secure & Verifiable Document. **All licensees are required to complete and submit the attached Affidavit of Citizenship Form along with a secure and verifiable document.**

LAW AND RULES

Read the [law and rules](#) thoroughly before completing the application. You are responsible for knowing the laws and rules of your profession.

APPLICATION STATUS

To check the status of your application, visit [STATUS CHECK](#).

KEEP A COPY OF YOUR APPLICATION MATERIALS.

All original materials will be retained by our office and will not be returned to you.

FEEES

Fee: **\$160.00** (\$150 application fee + \$10 processing fee) Fees are non-refundable. Submit payment by check or money order payable to Georgia Construction Industry Licensing Board must be included with this application. Mail your application in a 9X12 envelope to the Board office. Please do not fold or staple your application.



GEORGIA CONSTRUCTION INDUSTRY
 LICENSING BOARD
 Division of Utility Contractors
 237 Coliseum Drive, Macon, GA 31217-3858
 404-424-9966
www.sos.ga.gov

Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

**UTILITY MANAGER REINSTATEMENT
 for License Lapsed Less than 3 Years**

Fee: \$160.00 (\$150 application fee + \$10 processing fee) Fees are non-refundable.
Applications are subject to be administratively withdrawn if any deficiencies are not submitted within 60 days of the deficiency notification.

I am applying to reinstate License # UM _____ which expired on _____.

Use a different application if your license has been lapsed for 3+ years, or to apply for initial license or company license.

SECTION 1: PERSONAL INFORMATION

1. Legal Name to Appear on License: _____
FIRST MIDDLE LAST SUFFIX

2. Name as shown on exam records, transcripts, or any documentation provided to the Board including maiden name (if different): _____
FIRST MIDDLE LAST SUFFIX / MAIDEN

3. Social Security#: [][][]-[][]-[][][][][] Date of Birth: [][]-[][]-[][][][][]
M M D D Y Y Y Y

4. Physical Address: _____
(PO BOX NOT ACCEPTABLE) NUMBER AND STREET APT#

CITY STATE ZIP

5. Mailing Address: _____
(if different) NUMBER AND STREET OR P.O. BOX APT#

CITY STATE ZIP

6. Daytime Phone#: [][][]-[][][]-[][][][][] Business or Cell Phone#: [][][]-[][][]-[][][][][]

7. Email Address: _____
 Check this box if you are a military spouse or a transitioning service member of the United States armed forces including the National Guard.

SECTION 2: PERSONAL HISTORY

1. ___ I have included Certificates of Completion or Cards issued for the required 12 hours of Safety Training completed within the past 2 years from a board-approved provider.
2. ___ I have included a background check (from local law enforcement) and any supporting documents, if applicable.
3. Has any licensing board or agency in Georgia or any other state ever:
 - a) Denied your issuance of licensure, renewal, or reinstatement? YES NO
 - b) Revoked, suspended, restricted, sanctioned, or probated your license? YES NO
 - c) Requested or accepted surrender of your license? YES NO
 - d) Reprimanded, fined, or disciplined you? YES NO

If you answered YES to any part of question #3, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents. Name of Board or Agency: _____

4. a. Have you ever been arrested, convicted, or sentenced for any felony, misdemeanor, DUI, DWI, or any offense other than a minor traffic violation? YES NO
- b. Have you ever entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, DUI, DWI, or any offense other than a minor traffic violation? YES NO

If you answered YES to 4a or 4b, you must submit the following:

1. A letter of explanation for each offense; and
2. **Certified** copy of final court disposition from the county(s) in which you were arrested/convicted; and
3. Each court document should include the charges and sentencing information.
4. Probation/Parole - Submit a statement (on official letterhead) from your probation / parole office regarding your current status. If probation/parole has been completed, submit **certified** documents from the courts verifying case closed and completion of probation / parole.

SECTION 3: APPLICANT AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure, and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (**CHECK ONE**):

_____ I am a United States citizen.

Submit a copy of your current Secure and Verifiable Document(s) such as a drivers license, passport, or document as indicated on the Boards website.

OR

_____ I am not a United States citizen.

I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

Printed Name of Applicant

NOTARY PUBLIC SIGNATURE

Signature of Applicant

My Commission Expires:



Office of the Secretary of State

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ Agency/Company to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check **ONLY** one of the boxes listed below:

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____